

# **EXHIBIT A**



**Safety Insurance**

AUTO • HOME • BUSINESS

**Personal Auto Coverage Selections Page**

This Coverage Selections Page shows the coverages and discounts for your auto insurance policy issued by Safety Insurance Company. This page, the attached endorsements and the Massachusetts Auto Insurance Policy (2008 edition) form your policy.

Your Policy #: 8826395

Your Email: CAVUOTO14@GMAIL.COM

**ITEM 2.** Policy Effective Dates: SEPTEMBER 13, 2017 - SEPTEMBER 13, 2018  
(12:01 A.M. Eastern Standard Time)  
D AMENDED 09/17/2017

**ITEM 1.** Policy Issued to:  
ANGELO CAVUOTO  
83 SUMMER ST  
STONEHAM MA 02180

Your Agent: Agent Code 60837  
SANVITI INSURANCE AGENCY  
699 BROADWAY  
EVERETT MA 02149

(617)389-2020

**ITEM 3.** The following auto(s) are covered by this insurance policy:

Auto 1: 2007 BMW 30XI AWD SEDAN

WBANF73577CY17380

Symbol 21

Class 54

Auto :

**Policy Level Discounts** (These discounts apply to your entire policy.)

Account Credit	Other Carrier Account Credit	Group Discount	Renewal Credit	E-Customer Discount	Agency Loyalty Credit
NO	NO	NO	NO	01%	NO

**Auto Level Coverages and Discounts** (These discounts apply to all or a portion of the premium for a specific auto.)

	Safety Shield Coverage	Loan Lease/Gap Coverage	Good Student Discount	Away at School Discount	Anti Theft Discount	Annual Mileage Discount	Multi Car Discount	Age 65 or older Discount	Public Transit Discount
Auto 1:	NO	NO	NO	NO	NO	NO	NO	NO	NO
Auto :									

**ITEM 4.** This policy provides only the coverages for which a premium charge is shown.

Coverages, Parts 1-12	Auto 1 - Limits	Premium	Adjusted Premium	Auto - Limits	Premium	Adjusted Premium
1. Bodily Injury to Others	\$20,000 Per Person \$40,000 Per Accident	\$ 249		\$ Per Person \$ Per Accident	\$	
2. Personal Injury Protection	\$8,000 Per Person <input checked="" type="checkbox"/> No Deductible — Deductible for You — Deductible for You and household members	\$ 81		\$ Per Person — No Deductible — Deductible for You — Deductible for You and household members	\$	
3. Bodily Injury Caused by an Uninsured Auto	\$20,000 Per Person \$40,000 Per Accident	\$ 13		\$ Per Person \$ Per Accident	\$	
4. Damage to Someone Else's Property	\$100,000 Per Accident	\$ 422		\$ Per Accident	\$	
5. Optional Bodily Injury to Others	\$50,000 Per Person \$100,000 Per Accident	\$ 121		\$ Per Person \$ Per Accident	\$	
6. Medical Payments	\$ Per Person	\$		\$ Per Person	\$	
7. Collision	\$ Deductible Actual Cash Value	\$	-921	\$ Deductible Actual Cash Value	\$	
8. Limited Collision	\$ Deductible Actual Cash Value	\$		\$ Deductible Actual Cash Value	\$	
9. Comprehensive	\$ Deductible Actual Cash Value	\$	-211	\$ Deductible Actual Cash Value	\$	
10. Substitute Transportation	Up to \$30 a day to a maximum of \$900	\$ 73		Up to \$ a day to a maximum of \$	\$	
11. Towing and Labor	Up to \$ for each disablement	\$		Up to \$ for each disablement	\$	
12. Bodily Injury Caused by an Underinsured Auto	\$20,000 Per Person \$40,000 Per Accident	\$ 0		\$ Per Person \$ Per Accident	\$	
	Premium Subtotal	\$		Premium Subtotal	\$	
Merit Rating Plan Adjustment	00	\$ 0			\$	
	<b>Total Premium for this Auto</b>	<b>\$ 959</b>	<b>-1132</b>	<b>Total Premium for this Auto</b>	<b>\$</b>	
<b>Total Premium for this Policy:</b>					<b>\$ -1,132.00</b>	

INSURED

Operator Name	Date of Birth	License Number and State		Date First Licensed				P=Principal O=Occasional E=Excluded			
				Auto	Motorcycle	Driver Training (Y/N)	Deferred Operator	Auto #			
ANGELO CAVUOTO	05/14/1961	XXXXX3919	MA	11/01/1983		N	N	P			
MARINNA DIMARCO-CAVUOT	10/11/1974	XXXXX9507	MA	01/13/1992		N	Y	O			

**Attached Endorsements:**

SAT003 0108 Advanced Driver Training  
M0099S 0911 MA Mandatory Endorsement  
SVE001 1113 Veh Sharing Exclusion  
SMP002 0117 Medical Payments Endorsement

**ITEM 5. Garaging:**

Auto001 : STONEHAM

Auto :

**ITEM 6. Lienholder - Additional Insured Information:**

Auto :

Auto :

**Remarks:**

IF YOU WISH TO RECEIVE A COPY OF YOUR SDIP STATEMENT, PLEASE CONTACT SAFETY DIRECTLY AT 617-951-0600 EXT 6429 OR YOU CAN VIEW OR PRINT THIS DOCUMENT BY LOGGING INTO "MY ACCOUNT" AT WWW.SAFETYINSURANCE.COM. OPERATORS WHO DO NOT HAVE SURCHARGEABLE INCIDENTS WILL NOT HAVE A MERIT RATING FORM.

*Check carefully to ensure that the information listed on your Coverage Selection Page is correct.*

- Are all operators listed? Failure to list a household member or any individual who customarily operates your auto may have very serious consequences.
- Are all your autos listed?
- Is the garaging correct?
- Are you receiving all the discounts you are entitled to?
- Is your mailing address correct?

**NOTICE:** It is important for you to notify us of any changes that have occurred prior to the renewal of this policy and at any time during the policy period.

Please review this Coverage Selections Page and the Massachusetts Auto Insurance Policy (2008 Edition) carefully to ensure that you understand the coverages and limits contained in this policy. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any of the Optional Insurance (Parts 5 thru 12) and we may cancel your policy.

**MERIT RATING PLAN**

The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators. The Merit Rating Plan adjustment shown on the Coverage Selection Page for each auto is based on the driving records of the operators listed on your policy.

*Thank you for insuring your auto with Safety Insurance.*


**Safety Insurance**

AUTO • HOME • BUSINESS

**Personal Auto Coverage Selections Page**

This Coverage Selections Page shows the coverages and discounts for your auto insurance policy issued by Safety Insurance Company. This page, the attached endorsements and the Massachusetts Auto Insurance Policy (2018 Edition) form your policy.

Your Policy #: 8826395

Your Email: CAVUOTO14@GMAIL.COM

**ITEM 2.** Policy Effective Dates: SEPTEMBER 13, 2018 - SEPTEMBER 13, 2019  
(12:01 A.M. Eastern Standard Time)

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**ITEM 1.** Policy Issued To:

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ANGELO CAVUOTO

83 SUMMER ST

STONEHAM MA 02180

Your Agent: Agent Code 60837

SANVITI INSURANCE AGENCY

699 BROADWAY

EVERETT MA 02149

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**ITEM 3.** The following auto(s) are covered by this insurance policy:

Auto 1: 2007 BMW 30XI AWD SEDAN

WBANF73577CY17380

Symbol 21

Class 54

Auto :

Account Credit	Other Carrier Account Credit	Group Discount	Renewal Credit	E-Customer Discount	Agency Loyalty Credit
NO	NO	NO	01%	01%	NO

	Safety Shield Coverage	Loan Lease/Gap Coverage	Good Student Discount	Away at School Discount	Telematics Discount	Anti Theft Discount	Annual Mileage Discount	Multi Car Discount	Age 65 or older Discount
Auto 1:	NO	NO	NO	NO	NO	NO	NO	NO	NO
Auto :									

**ITEM 4.** This policy provides only the coverages for which a premium charge is shown.

Coverage	Amount	Per Person	Per Accident	Premium	Amount	Per Person	Per Accident	Premium
1. Bodily Injury to Others	\$20,000 \$40,000	Per Person Per Accident	\$ 242		\$ Per Person \$ Per Accident		\$	
2. Personal Injury Protection	\$8,000 <input checked="" type="checkbox"/> No Deductible - Deductible for You - Deductible for You and household members	Per Person	\$ 78		\$ Per Person - No Deductible - Deductible for You - Deductible for You and household members		\$	
3. Bodily Injury Caused by an Uninsured Auto	\$20,000 \$40,000	Per Person Per Accident	\$ 13		\$ Per Person \$ Per Accident		\$	
4. Damage to Someone Else's Property	\$100,000	Per Accident	\$ 438		\$ Per Accident		\$	
5. Optional Bodily Injury to Others	\$50,000 \$100,000	Per Person Per Accident	\$ 117		\$ Per Person \$ Per Accident		\$	
6. Medical Payments	\$	Per Person	\$		\$ Per Person		\$	
7. Collision	\$ Deductible Actual Cash Value		\$		\$ Deductible Actual Cash Value		\$	
8. Limited Collision	\$ Deductible Actual Cash Value		\$		\$ Deductible Actual Cash Value		\$	
9. Comprehensive	\$ Deductible Actual Cash Value		\$		\$ Deductible Actual Cash Value		\$	
10. Substitute Transportation	Up to \$30 a day to a maximum of \$900		\$ 71		Up to \$ a day to a maximum of \$		\$	
11. Towing and Labor	Up to \$ for each disablement		\$		Up to \$ for each disablement		\$	
12. Bodily Injury Caused by an Underinsured Auto	\$20,000 \$40,000	Per Person Per Accident	\$ 0		\$ Per Person \$ Per Accident		\$	
	Premium Subtotal		\$		Premium Subtotal		\$	
Merit Rating Plan Adjustment	04		\$ 478				\$	
	<b>Total Premium for this Auto</b>		\$ 1437		<b>Total Premium for this Auto</b>		\$	
<b>Total Premium for this Policy</b>								<b>\$ 1,437.00</b>

INSURED

Operator	DOB	SSN	Sex	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB
ANGELO CAVUOTO	05/14/1961	XXXXXX3919	MA	11/01/1983		N	N	P				
MARINNA DIMARCO-CAVUOT	10/11/1974	XXXXXX9507	MA	01/13/1992		N	Y	O				

Code	Code	Description
SAT003	0108	Advanced Driver Training
PHN032	1117	Advisory Notice to Policyholder
M0099S	1216	MA Mandatory Endorsement

Item	Description
Auto001 :	STONEHAM
Auto :	

Item	Description
Auto :	
Auto :	

Remarks
TO RECEIVE A COPY OF YOUR SDIP STATEMENT OR POLICY JACKET, PLEASE CONTACT SAFETY DIRECTLY AT 617-951-0600 EXT 6429 OR YOU CAN VIEW/PRINT THESE DOCUMENTS BY LOGGING INTO "MY ACCOUNT" AT WWW.SAFETYINSURANCE.COM.

*Check carefully to ensure that the information listed on your Coverage Selection Page is correct.*

- Are all operators listed? Failure to list a household member or any individual who customarily operates your auto may have very serious consequences.
- Are all your autos listed?
- Is the garaging correct?
- Are you receiving all the discounts you are entitled to?
- Is your mailing address correct?

**NOTICE:** It is important for you to notify us of any changes that have occurred prior to the renewal of this policy and at any time during the policy period.

Please review this Coverage Selections Page and the Massachusetts Auto Insurance Policy (2018 Edition) carefully to ensure that you understand the coverages and limits contained in this policy. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any of the Optional Insurance (Parts 5 thru 12) and we may cancel your policy.

#### **MERIT RATING PLAN**

The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators. The Merit Rating Plan adjustment shown on the Coverage Selection Page for each auto is based on the driving records of the operators listed on your policy.

*Thank you for insuring your auto with Safety Insurance.*

**MASSACHUSETTS RENEWAL FORM****Safety Insurance**

AUTO • HOME • BUSINESS

ISSUED BY **SAFETY INSURANCE COMPANY**

NAME AND ADDRESS OF INSURED

**ANGELO CAVUOTO**  
**83 SUMMER ST**  
**STONEHAM MA 02180**
Policy Number: **8826395**

05/60837

PRV 01

Producer: **SANVITI INSURANCE AGENCY**Policy Renewal Date: **09/13/2018**

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

**VEHICLE INFORMATION**

If a notation is shown, our records indicate that your auto(s) is:

	<u>Auto 001</u>	<u>Auto</u>		<u>Auto001</u>	<u>Auto</u>
1. Used in business.	<u>NO</u>	<u>      </u>	4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer.	<u>NO</u>	<u>      </u>
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed by you.	<u>NO</u>	<u>      </u>	(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks)	<u>NO</u>	<u>      </u>
3. Our information indicates that your auto(s) is principally garaged in:					
Auto <b>001</b> <b>STONEHAM</b>					
Auto					

**DRIVER INFORMATION**

According to our information listed operator # \_\_\_\_\_ has

(a) had two (2) or more "total loss" insurance claims because of auto theft or fire. \_\_\_\_\_

(b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. \_\_\_\_\_

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

OPER NO	OPERATOR NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	LIC. STATE	DATE FIRST LICENSED IN ANY STATE/COUNTRY		DRIVER TRAINING YES/NO	%OF USE		PLEASE INDICATE REASON FOR CHANGE
					Auto	Motor cycle		Auto <b>001</b>	Auto	

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

**NOTICE:** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under a merit rating plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- |   |                          |                          |   |                          |                          |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
|   | Yes                      | No                       |   | Yes                      | No                       |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program?  | <input type="checkbox"/> | <input type="checkbox"/> | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign merit rating points to you.

#### LICENSE INFORMATION

Once you or the principal operator listed on this form become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

#### DISCOUNTS

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

#### ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## ANNUAL MILEAGE DISCOUNT FORM

This form will be used only for automobile insurance purposes. It is extremely important that all questions be answered completely and returned to your agent or company representative. Your failure to provide the information requested may affect your eligibility for any discount or may result in the cancellation of your Policy.

ISSUED BY: **SAFETY INSURANCE COMPANY**

Please return by 09/13/2018  
05/60837

NAME AND ADDRESS OF INSURED:

**ANGELO CAVUOTO**  
**83 SUMMER ST**  
**STONEHAM MA 02180**

Policy Number: **8826395**

Producer: **SANVITI INSURANCE AGENCY**  
**699 BROADWAY**  
**EVERETT MA 02149**

**PRV 01**

**617 389 2020**

In order to verify an Annual Mileage Discount on your automobile insurance policy, please complete and return this form.

	<u>Auto 001</u>	<u>Auto</u>
Year and Make of auto	<u>2007 BMW 30XI AWD</u>	<u></u>
Vehicle Identification Number	<u>WBANF73577CY17380</u>	<u></u>
Current odometer reading	<u></u>	<u></u>
Report the number of miles the auto was driven in the past twelve (12) months	<u></u>	<u></u>
If the auto is used to commute all or part of the way to work or school, indicate:		
• number of days per month	<u></u>	<u></u>
• number of miles one way	<u></u>	<u></u>
• address where auto is parked during work or school hours	<u></u>	<u></u>
Is the auto used in your business or occupation?	<u></u>	<u></u>

The information provided is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed





**AUTOMOBILE INSURERS BUREAU OF MASSACHUSETTS**

**MASSACHUSETTS**

**MANDATORY ENDORSEMENT—M-0099-S (ED. 12-16)**

This endorsement includes changes that affect your auto insurance. Please read this endorsement carefully to see how it affects your policy.

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**Part 6. Medical Payments (Page 15):**

**Part 6.  
Medical  
Payments**

After the first sentence, this sentence is added:

The coverage of this Part is always secondary to and in excess of any health benefit plan which allows for coordination of benefits under Massachusetts law and the Personal Injury Protection coverage of this policy or any other Massachusetts automobile insurance policy.

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**Safety Insurance Company  
Safety Indemnity Insurance Company  
Safety Property and Casualty Insurance Company**

**ADVISORY NOTICE TO POLICYHOLDER  
RESTRICTIONS AND/OR REDUCTION OF COVERAGE**

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Massachusetts law requires that you be notified of any reductions or eliminations made in coverages, conditions or definitions of your automobile insurance policy. You are notified that your policy is being changed as shown below. The exact protections you have should be determined by consulting your policy and Coverage Selections Page.

There are also word changes and deletions that have been made for simplification and clarification which are not listed as they are editorial changes and have no impact on the scope of the policy.

Material changes to the policy sections are outlined as follows:

**Definitions**

**2. You or Your**

Included your spouse, while a **household member**, in this definition, and removed specific references to spouse, except General Provision 4, What Happens If You Die.

**5. Your Auto**

Under the definition Your Auto, motorcycles have been removed from the category of vehicles allowed as temporary substitute vehicles, if there are no motorcycles listed on the Coverage Selections Page. This is a change from the previous version of the Policy.

**Part 1. Bodily Injury To Others**

On Page 4, after the 3rd sentence, the sentence: "We will not pay punitive or exemplary damages.", has been added.

On Page 4, the phrase "or defend" is added after "We will not pay" to clearly state the company will not defend when a listed exclusion applies to a particular claim.

On Page 4, exclusions have been added to completely exclude coverage for your auto while being used as, or available for use as, public or livery conveyance, including vehicle for hire and ride-sharing services. This exclusion also appears as an exclusion under other coverages in the policy and is referenced in this Notice as the "public livery exclusion". The public livery exclusion had previously been limited to above the mandatory offer limits; it is now a complete exclusion.

**Part 2. Personal Injury Protection**

The public livery exclusion has been added.

The policy adds exclusion 5: "We will not pay PIP benefits to or for any person injured while an auto is being used in any racing, speed, stunting, or demolition contest or activity." This exclusion appears as an exclusion under other coverages in the policy, with wording related to that particular coverage, and is referenced in this Notice as the "racing exclusion." The racing exclusion had been previously limited to above the mandatory offer limits; it is now a complete exclusion.

**Part 3. Bodily Injury Caused By An Uninsured Auto**

**Part 12. Bodily Injury Caused By An Underinsured Auto**

In Part 3, the public livery exclusion is added. Because the public livery exclusion also applies to all Optional Coverages, it is not specifically stated in Part 12.

In Part 3, page 9, the racing exclusion is added. Because the racing exclusion also applies to all Optional Coverages, it is not specifically stated in Part 12.

On Page 10, the first paragraph, and in Part 12, page 25, the sentence: "Unless otherwise agreed, all monetary awards not paid within thirty days after the receipt of the award shall bear interest from the date of the award at the rate allowed by statute." has been added to clarify the scope of the coverage. This language is added and was not in the previous Policy.

**Part 4. Damage To Someone Else's Property**

The terms of the coverage have been simplified and a sentence has been added to clarify that any payment does not include compensation for physical damage to your auto, the towing or recovery of your auto, or any other auto used by you or a household member with the consent of the owner, or any intangible loss claimed to result from the property damage unless otherwise authorized by law.

The public livery exclusion and the racing exclusion have been added to the coverage.

**Optional Insurance**

The public livery exclusion and the racing exclusion have been added to apply to all optional coverages.

**Part 5. Optional Bodily Injury To Others**

The phrase "and such accident arises out of the ownership, maintenance, or use of an auto by you or the household member" has been added to the end of the first sentence.

The sentence: "We will not pay punitive or exemplary damages." has been added at the end of the first paragraph.

On Page 14, "or defend" is added after "We will not pay".

An exclusion for "liability assumed under any contract or agreement," is added. This is a change from the previous Policy.

**Part 6. Medical Payments**

Exclusion 7 is added: "Any person who contributed to his or her injury by operating an auto (a) while under the influence of alcohol, marijuana, or narcotic drug (b) while committing a felony or seeking to avoid arrest by a police officer, or (c) with the specific intent of causing injury to himself, herself, or others."

Exclusion 8 is added: "Anyone who is entitled to benefits under a workers' compensation law or similar law for the same injury."

The policy includes the paragraph that: "No payments will be made under this Part that duplicate payments made for the same bodily injuries under Parts 1, 2, 3, 5 or 12 of this Policy. In addition, no payments will be made under this Part that duplicate payments made for the same bodily injuries under any other auto insurance policy or under a health insurance policy covering the injured person."

These language changes reinforce Policy intent not to allow duplication of benefits.

**Part 7. Collision**

**Part 8. Limited Collision**

**Part 9. Comprehensive**

The sentence: "We will not pay for any decrease in value claimed to result from the loss." has been added to each coverage.

The following sentence has been added in each coverage to clarify what will be paid: "The cost to repair the auto is limited to the prevailing competitive price, which is the price we can secure from a licensed repair facility conveniently located to you. Unless you have purchased agreed amount coverage, actual cash value of the auto will be determined at the time of the loss. Actual cash value may include an adjustment for depreciation and betterment and for the physical condition of the auto." This language clarifies Policy intent.

The following sentence has been added in each coverage to specify the most that will be paid for towing recovery and storage: "We will also pay reasonable and necessary expenses for towing, recovery and storage of your auto."

The sentence "We will not pay for any liability assumed under any other contract or agreement." has been added in each coverage. This language is added from the previous Policy, but reinforces Policy intent.

**Part 10. Substitute Transportation**

The amount of coverage has been clarified by adding: "Reimbursement for rental charges and transportation expenses will end the earliest of when your auto has been returned to you, repaired or replaced. We will pay only for a period of time which is reasonable for having your auto repaired or replaced. If your auto is deemed by us to be a total loss, reimbursement for rental charges and transportation expenses will end seven business days after we offer to pay the actual cash value under Part 7, Part 8, or Part 9." This language, including the specific number of days listed, is a change from the previous Policy, and makes the language more specific.

**General Provisions And Exclusions**

General Provision 3. Additional Costs We Will Pay, B., has been adjusted to indicate specific interest that will be paid. This language is added and was not in the previous Policy.

The last sentence of General Provision 5 has been deleted.

Under General Provision 18, in the last sentence the reference to Parts 3 and 4 has been replaced by "the compulsory coverages of this policy."

Under General Provision 20, language regarding pre-insurance inspection has been removed as pre-insurance inspection is no longer mandatory.

General Provision 22, Assignment, has been added to the policy to inform the policyholder that the insurance company will not be bound to an assignment of any interest under the policy without its knowledge or consent. This language is added to the Policy and was not in the previous Policy.

### **Cancellation**

The cancellation provision has been changed to make it conform to the state law on cancellation. Under the section beginning: "We can cancel all or any part of this policy including your Compulsory Insurance:" we have amended the company's option to cancel if:

- 1.) You have not paid your premiums.
- 2.) We find that you were responsible for fraud or material misrepresentation when you applied for this policy or any extension or renewal of it.
- 3.) The driver's license or auto registration of you, or any person who resides in your household and usually operates an auto insured under this policy, has been under suspension or revocation during the policy period.
- 4.) You fail to comply with a request for a safety inspection test for a vehicle for which total damage has been paid.

This language, although a provision of the Massachusetts cancellation statute, was not in the Policy before.

### **When There Is An Accident Or Loss**

The condition "Where there is coverage provided by this policy" has been added to the provision that we will pay for reasonable expenses to protect the auto from further damage or loss.



Cancel



995350275-232-1

Quote or make changes to this policy



## Basic Information



Twelve-Month Total Premium

\$1,371

Effective

Feb 15, 2018 to Feb 15, 2019

### Billing Account


995350275

### Mailing and Residence

83 SUMMER ST  
STONEHAM MA 02180-1939

### Your Agency

TRAVELERS BUSINESS CENTER  
P O BOX 59059  
KNOXVILLE TN 37950

 1-800-842-5075

## Discounts

Total savings from discounts: - \$606



## Drivers

MARIANNA



## Coverage Across Vehicles

For you and others in an accident



## 2006 NISSAN PATHFINDER S/SE/LE



Vehicle Identification Number (VIN)

5N1AR18W16C675335

Primary Use

Drive to work or school

Location

STONEHAM MA

COVERAGE	PREMIUM
Collision	\$332
Actual Cash Value	
less \$500 deductible	
INCLUDES	
Waiver of Deductible	
Comprehensive	\$77
Actual Cash Value	
less \$500 deductible	
INCLUDES	
Glass Deductible	
\$0 deductible	

For specific details on coverage and other policy features, refer to your policy documents.

## Frequently Asked Questions

- ✓ Am I covered if I damage or get into an accident in a rental car?
- ✓ My bill or premium changed when my policy was renewed. Why?

More questions and answers...

If you need assistance, please call Travelers at 1-800-842-5075.



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